



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#11

Applicants:

David A. Edwards, Robert S. Langer, Rita Vanbever, Jeffrey Mintzes,

Jue Wang and Donghao Chen

Application No.:

08/971,791

Group Art Unit:

1615

Filed:

November 17, 1997

Examiner:

K. Shelborne

For:

PREPARATION OF NOVEL PARTICLES FOR INHALATION

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231

on April 5, 1999

Signature

Judy Breen

Typed or printed name of person signing certificate

TECH CENTER 1800/2500
99 APR 12 AM 8: 57

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is A Reply to Office Action for filing in the above-identified application.

- [ ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- [ ] A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

**MINUS** 

**MINUS** 

FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

(COL. 1)

REMAINING

**AFTER** 

**AMENDMENT** 

27

2

(COL. 2)

HIGHEST NO.

**PREVIOUSLY** 

PAID FOR

38

3

(COL. 3)

PRESENT

**EXTRA** 

0

0

SWALL ENTITY					
RATE		ADDIT. FEE			
х	\$ 9	\$			
X	\$39	\$			
+	\$130	\$			

SMALL ENTITY

SMALL ENTITY

OR

R	RATE		ADDIT. FEE		
х	\$18	\$	0		
х	\$78	\$	0		
+	\$260	\$			

OTHER THAN

not fewer than 20

\*\* not fewer than 3

TOTAL

INDEP

TOTAL = \$ 0

TOTAL = \$ 0

Please char	ge Deposit Account No. 08-0380 for the following fees:		
	Petition for [ ] month Extension of Time	\$	
[]	Amendment Fee	\$ \$	
ן ז	Other Fees:	Ψ <u> </u>	
L J	Other rees.	<b>\$</b>	
	TOTAL:	-	0
		<del></del>	
A check is	enclosed in payment of the following fees:		
[X]	Petition for three-month Extension of Time	\$	870
[]	Amendment Fee	\$	
[ ]	Other Fees:		
,		\$	
		-	
	TOTAL:	- <sub>\$</sub> _	870
for ar	neral authorization is hereby granted to charge Deposit Account No ny fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain s application. A copy of this authorization is enclosed for accounting Respectfully submitted,  HAMILTON, BROOK, SMITH & REYN	pender ng purp	80 acy poses.

Facsimile: (781) 861-9540

Carolyn S. Elmore

Registration No.: 37,567 Telephone: (781) 861-6240

Lexington, Massachusetts 02421-4799 Dated: JUL 5, 1999